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HUMAN RIGHTS AUTHORITY - NORTHWEST REGION

REPORT 10-080-9004
DD HOMES NETWORK - CASA WILLIS

Case Summary: the HRA did not substantiate rights violations within these complaints. A facility response is not required.

INTRODUCTION

The Human Rights Authority (HRA) of the Illinois Guardianship and Advocacy Commission opened an investigation after receiving complaints of possible rights violations at Casa Willis, a sixteen-bed intermediate care facility for persons with developmental disabilities in Sterling. The allegations stated the following:

1. A resident's money has been mismanaged, and she has not been provided with enough money for personal spending.
2. A resident was denied access to her financial records.
3. A resident was not provided with immediate medical attention for a sore.
4. Residents are not provided with enough community activities.

Substantiated findings would violate protections under the Intermediate Care Facilities for the Developmentally Disabled (ICF/DD) Code (77 Ill. Admin. Code 350) and the Mental Health and Developmental Disabilities Confidentiality Act (740 ILCS 110).

The HRA visited Casa Willis where the issues were discussed with various program representatives and where residents in the home were interviewed privately. Relevant policies were reviewed as were the contents of two resident files with proper authorizations, two resident files with identifiable information redacted and the facility's monthly activity calendars for a one year period.

To summarize the complaints, it was said that a resident's money is unaccounted for, as much as \$10,000 since 2007, when her benefits and workshop earnings total much more than the home has on record and she is given little spending money for personal needs like clothes. The resident and her mother reportedly had to get copies of financial records directly from the bank after the home refused to provide them. It was also alleged that the home failed to provide appropriate medical attention for a sore the resident had until her mother persisted for weeks in getting the care. The complaint goes on to say that in general, residents at Casa Willis are rarely taken out for activities; they stay home at night and on weekends.

FINDINGS

Complaint #s 1 and 2: A resident's money has been mismanaged, she has not been provided with enough money for personal spending, and was denied access to her financial records.

Program representatives explained that residents' monthly benefits are direct deposited into respective checking accounts, \$30 of which remains for personal spending. Checkbooks are locked in the home's office for security and there is no money in the office, at least not belonging to the residents. Depending on scheduling and individual needs, residents typically withdraw \$5 to \$10 on Fridays to have cash on hand for the upcoming week. They are guided in purchasing the products they need and the facility covers whoever cannot afford them. Staff members work with each resident on making good spending decisions.

Regarding this complaint specifically, we were told that the resident is an adult who does not have a legal guardian. She no longer lives at Casa Willis, but while there she was always allowed to shop as needed and seemed to have everything, including clothes and extra cash if she wanted and it was available. The resident's mother would request more spending money however, and last August she claimed that money must be stolen. The home assured her that was not the case and spent time reasoning with her, explaining how the system works: that a percentage of benefits and earnings are slotted for cost of care and the remaining for personal use. The corporate office conducted a full review of the resident's account on hearing the mother's complaint and, while a discrepancy between benefits and payments was found, they determined that no money was missing or stolen. We were also told that financial records are the residents' and that they have unrestricted access to them; there would be no problem if this resident asked to see hers. Residents who are their own guardians review their bank statements monthly with the services director as they arrive in the mail and can access them any time they wish. The home's services director said she got a call from the resident's mother in early September asking for copies of the resident's bank records. The resident was on a home visit at the time, and the director said to the mother that she would have to check with upper management. It turned out that the resident moved to another facility in the meantime and did not return to Casa Willis. Her funds were audited and closed out with her transfer. There is no documentation of the request or what transpired, but the home provided copies of corporate's determinations on the payment discrepancy, the resident's bank statements, checkbooks and property inventories.

Documentation from corporate's review showed that the resident received a lump sum payment of over \$7,400 from social security in June 2007. Add regular benefit payments of \$1045, workshop and interest earnings varying between \$130 and \$200, less what the resident was entitled to keep, and she had \$10,518 on hand to pay for rent. Given the abundance, the resident temporarily became private pay at \$3,612.90 monthly in September, October and November 2007, which, discovered in the 2009 review, unintentionally resulted in a \$320 overpayment. The overpayment was then applied to September 2009. Attached were corresponding bank statements, program payment/cash receipt forms and Department of Human Services' resource calculation forms that verified the amounts and rectifications. The resident's checkbook demonstrated that benefits and earnings along with cost of care payments and withdrawals for personal needs were consistently tallied on a monthly basis throughout 2009. Checks were written weekly, sometimes more, for a variety of needs including cash, break money at work, haircuts, K-Mart, Wal-Mart and JC Penny shopping, gifts for family, camp

registration and spending money, special luncheons, home visits, and a sports event. Corresponding bank statements agreed with all totals. Personal items inventoried in January, April and August 2009 revealed that the resident kept a hefty supply of clothing and other assorted belongings, often in multiples. Belts, shoes, shirts, bras, underpants, jackets, a coat, dresses, gloves, jeans, pajamas, slacks, purses, razors, a swimsuit, a bedspread, blankets, books, brushes, a clock, eyeglasses, jewelry, cosmetics, Special Olympic pins and a radio, television, and V.C.R. were listed, at times changes in number were documented throughout the eight month period.

CONCLUSION

The program's policy on individual banking (#6.25) states that every individual will have a checking account. Two signatures will be required on the accounts: the home designee's and the individual's. Staff are to review budget needs for the week with individuals who complete their own banking transactions inside the bank as opposed to the drive-ups. Weekly spending amounts are determined on an individual basis according to needs and resources. Checkbooks are administration's responsibility and are to be monitored, balanced and secured at all times, and, individuals may discuss their financial needs at any time. Unexplained discrepancies will result in disciplinary action up to termination.

The Administrative Code for ICF/DDs calls for the maintenance of records for any resident's belongings, including money, valuables and personal property. Records are to be updated routinely. A separate bookkeeping system must be maintained by the facility that accounts for all transactions. Each resident, or the individual resident's representative, shall have access to the record (77 Ill. Admin. Code 350.1640). Monthly entitlements must be placed in a resident's personal account or be given to the resident, unless provided for differently in writing by a resident or guardian (77 Ill. Admin. Code 350.3260). The Confidentiality Act adds that any recipient 12 years of age or older has the right to inspect and copy his record or any part of his record upon request.

In the first two complaints it was suggested that the resident's money was missing, that she was not given enough for personal spending and that her request for copies of her financial records was denied. Casa Willis responded quickly on receipt of the missing money claim and engaged corporate representatives who completed a full review. They were able to find and explain a discrepancy in overpayments as opposed to missing amounts and made appropriate adjustments which were accounted for in the documentation. That part of the complaint is not substantiated. A checkbook from a full year's period showed consistent benefits and earnings deposits as well as personal use withdrawals, and, inventories revealed she had an ample supply of clothing and goods. According to the documentation, it seems the resident was provided with enough money for personal use, and that part of the complaint is not substantiated. On the matter of whether Casa Willis denied the resident's right to a copy of her financial records, the program's policy and stated practice is that if the resident asked for her record she would get it. But the services director said it was the mother who called and asked for the record and that she would have to check with upper management. Neither she nor upper management said what turned out, just that the resident never returned to Casa Willis. Without proof that the resident herself made a request, the complaint is not substantiated.

SUGGESTIONS

1. Document all requests for record access and any action taken in respective records (740 ILCS 110/4).
2. The service director could have simply asked the mother to put the resident on the phone to verify and approve the request.
3. Be sure that residents, guardians and families, in order of priority, are provided with financial statements at least quarterly, without having to ask (77 Ill. Admin. Code 350.3260).

Complaint #3: A resident was not provided with immediate medical attention for a sore.

The administrator-in-training who also is a registered nurse said in response to the third complaint that the resident approached her last summer to look at a sore. She said there was less than a pea-sized red area to the left breast and that the resident was prone to skin irritations. She did not document the assessment, but a physician's appointment was made. She also said that she was not acting in a nurse's capacity when she made the assessment as a nurse consultant had just been hired and she thought the irritation was not significant enough to call in. The services director added that the mother chose to take her before the scheduled appointment, and she brought orders for a topical ointment back to the facility where the treatment was carried out as noted in the medicine administration record.

The resident's services plan states that she undergoes physical exams on an annual basis and is prescribed a special cream for dry skin. Nursing progress notes from May, June and July reported nothing unusual in the resident's health status, and the resident had no complaints. Q notes, which are the service director's monthly summaries, and nursing progress notes from August state that while on a home visit on the 7th, the resident's mother took her to the hospital for evaluation of skin changes and that ointments were ordered for two weeks. The facility entered the new prescription in the record and noted that a follow-up appointment would occur on the 20th, which was posted on the appointment calendar. According to the documentation from there, the appointment was carried out, the skin issue was being addressed but a new rash was developing on a finger for which another ointment was ordered. Medicine administration records from August showed that Lotrisone Cream was started at the facility on August 8th and was applied to the nipple twice daily through the 21st as ordered. Triamcinolon Cream was entered and started on the August 25th and was applied twice daily to the nipple and fingers as ordered until September 4th when the resident left the facility.

CONCLUSION

Per policy on medical care (#7.07) and appointments (#7.03), each individual is to be seen by his or her physician as often as necessary to assure adequate health care. When specific medical/remedial needs are identified, the R.N. Consultant shall request in writing that a physician's appointment be arranged. The case manager or other staff member shall make appointments and document in the individual's record and post on the appointment calendar.

Under the Administrative Code, facilities must provide physician and nursing services as necessary to maintain each resident in good physical health (77 Ill. Admin. Code 350.1210).

The third complaint alleged that Casa Willis failed to provide immediate medical attention for a sore. Although the administrator said she was not acting in her nursing capacity when she assessed the situation, she is nonetheless a nurse and determined that immediate attention was not required and that the resident should be seen by a physician soon. Casa Willis followed the order provided by the mother and carried on with another appointment as reflected in the record documentation. The complaint is not substantiated.

SUGGESTION

1. Any assessment that results in a medical appointment should be documented in the record as outlined in program policy.

Complaint #4: Residents are not provided with enough community activities.

Program representatives said that staff and residents work together in coming up with activities on a monthly basis. Inside activities occur daily, outside activities at least weekly, and they hold fund raisers for vacations yearly. They respect individual choice and let residents decide when to participate. In addition to choice, they respect individual needs and try to accommodate all residents; one uses a wheelchair, two use wheelchairs part-time, and one uses a walker. The youngest resident is 22 and the oldest is 65. Outings vary and typically include dining out and shopping, sometimes in small groups but quite often one-to-one. There are plenty of staff on hand to manage activities as well with as much as three staff on duty when residents are home after work or on weekends, and even the cook is trained as a care worker and gets involved in activities.

We also interviewed residents and a resident's parent who happened to be visiting when we were there. One woman said she goes shopping and bowling and enjoys it. She recently went shopping for Christmas lights. A man said he usually goes to Wal-Mart with supervision and that he takes a check for spending; he goes out to eat about every other day. Another woman told us that she goes to Wal-Mart once each month and likes dining out and bowling. A third woman agreed and said that she had just bought some clothes including a duster. One resident's mother commented on how satisfied she was with the home and how they help her son on a number of different outings. She was not sure if he spends money, but he is not able to handle money on his own.

Monthly activity calendars from January through November 2009 were reviewed. Banking, church and dining out were offered most often, almost weekly. Bowling and shopping were listed frequently too as were library visits, nature walks, and from time-to-time, picnics. One summer camping trip was listed. Activity logs from two residents' records on consent and two masked records were reviewed to see what residents were engaged in. All four records seemed to show that the residents went on some type of community outing totaling at least two hours and as much as ten hours each month, the lesser amounts of time in winter months. K-Mart or Wal-Mart shopping, dining out and banking were repeated destinations, although one resident was involved with his church choir frequently.

CONCLUSION

Policies for activity scheduling (#6.15) and services (6.32) state that the facility will provide a comprehensive array of inside and outside activities that meet individual needs and preferences and assure a wide range and choice. A monthly calendar is to be developed with resident input.

The Administrative Code requires the same and adds that activities may include physical and cognitive stimulation, expressive and creative arts, and community involvement (77 Ill. Admin. Code 350.1050).

The fourth complaint alleged that the residents at Casa Willis are not provided with enough community activities. The residents and a parent with whom we spoke and the records we reviewed suggest that this is not the case, and the complaint is not substantiated.

SUGGESTION

1. Consider being more creative with the outings being offered. While banking and shopping are indeed activities, they are also necessities and should not be relied upon to satisfy requirements. Perhaps the facility can spend time with residents coming up with ideas about how the residents can interact more with the community. Volunteerism and club memberships provide excellent opportunities.